

## **Classification System**

### **Diseases/Conditions**

**BROAD** – A graduate of the Breast Oncology training program should be able to care for all aspects of disease and/or provide comprehensive management. When referring to a discipline of training (e.g. research or community outreach), the graduate should be able to carry out the endeavor from its conception through completion.

**FOCUSED** – A graduate of the Breast Oncology training program should be able to make the diagnosis and provide initial management, but will not be expected to be able to provide comprehensive management. For disciplines of training, the graduate should be able to implement and participate in the activity, but would not be expected to complete it on their own.

### **Operations/Procedures**

**ESSENTIAL-COMMON**- Frequently performed operations, procedures, or endeavors for a breast surgeon; specific procedure competency is required by end of training and should be attainable primarily by case volume or active participation in the activity/endeavor.

**ESSENTIAL-UNCOMMON** – Uncommon operations, procedures, or endeavors for a breast surgeon in practice and not typically done in significant numbers by trainees; specific procedure competency required by end of training, but cannot be attained by case volume or participation in the activity/endeavor alone.

**COMPLEX** – Not consistently performed by a breast surgeon in training and not typically performed in practice. Generic experience in complex procedures or endeavors in training is required, but not competence in individual procedures/endeavors.

**BENIGN BREAST DISEASE**

**Breast Diseases/Conditions**

**BROAD**

Breast pain  
Breast mass:  
Cyst Fibroadenoma Phyllodes:  
Benign  
Borderline Diabetic mastopathy  
Fat necrosis  
Galactocele  
Mondor's disease  
Nipple discharge:  
Intraductal papilloma: Duct ectasia  
Breast infections:  
Lactational mastitis  
Non-lactational mastitis  
Subareolar abscess  
Granulomatous mastitis  
High risk lesions:  
Flat epithelial atypia  
Columnar cell change with atypia  
Atypical lobular hyperplasia  
Atypical ductal hyperplasia  
Lobular carcinoma in situ- classic form  
Radial scar  
High risk patients:  
Family history Childhood radiation:  
Mantle radiation for lymphoma  
BRCA 1 and 2 mutation carriers  
Other mutation carriers: CDH1, PALB2, PTEN, P53, ATM  
Role for and utility of chemoprevention  
Peripartum issues surrounding physiologic breast changes, breast feeding and breast health

**BREAST IMAGING**

**Breast Diseases/Conditions**

**BROAD**

Ultrasound  
Mammogram  
MRI  
BIRADS classification

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Effective August 1, 2019

Indications and contraindications for stereotactic biopsy  
Digital tomosynthesis  
Knowledge of advanced breast imaging indications

**FOCUSED**

PEM  
Molecular breast imaging

**MALIGNANT BREAST DISEASE**

**Breast Disease/Conditions**

**BROAD**

Lobular carcinoma in situ- pleomorphic  
Paget's disease of the nipple  
Ductal carcinoma in situ  
Invasive ductal carcinoma  
Invasive lobular carcinoma  
Locally advanced breast carcinoma

- Operable
- Non-operable

Inflammatory breast carcinoma  
Tubular carcinoma  
Mucinous carcinoma  
Other variants  
Metaplastic breast cancer  
Malignant Phyllodes  
Pregnancy associated/lactation associated breast carcinoma  
Occult primary breast carcinoma with axillary metastasis  
Male breast cancer  
Hereditary breast cancer:

- Family history positive
- BRCA 1 and 2
- Appropriate ordering of genetic germline mutation testing

Hormone receptor status:

- ER/PR positive
  - Her2 positive
- Triple negative

Recurrent Breast CA

- S/P mastectomy
- In breast recurrence s/p partial mastectomy

**FOCUSED**

Metastatic disease to the breast:

- Lymphoma
- Melanoma

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- Thyroid
- Primary sarcoma of the breast
- Metastatic breast cancer to other sites
- Hereditary breast cancer
  - P53, PTEN, CHEK

**Operations/Procedures**

**ESSENTIAL-COMMON**

- Breast ultrasound
- Cyst aspiration
- FNA
- Percutaneous core needle sampling
- Skin punch biopsy
- Diagnostic excisional biopsy, with/without wire/seed/ultrasound localization
- Central/Major/Terminal duct exploration and excision
- Partial mastectomy, with/without image-guided localization (wire/seed/ultrasound)
- Oncoplastic partial mastectomy
- Mastectomy:
  - Total mastectomy
  - Skin-sparing
  - Nipple/areolar sparing
- Axillary sentinel node dissection
  - Blue dye
  - Nuclear injection
  - Both
- Axillary node dissection

**ESSENTIAL-UNCOMMON**

- Percutaneous core needle sampling
  - Ultrasound guided
- Level 3 node dissection
- Radical mastectomy
- Chest wall resection

**COMPLEX**

- Stereotactic core biopsy
- MRI biopsy

**PLASTIC AND RECONSTRUCTIVE SURGERY**

**Diseases/Conditions**

**BROAD**

- Partial mastectomy breast defects
- Post-mastectomy defects

**FOCUSED**

Breast asymmetry after breast conservation  
Chest wall defects following resection of locally advanced breast cancer

**Operations/Procedures**

**ESSENTIAL-COMMON**

Oncoplastic closure of partial mastectomy defects

**ESSENTIAL-UNCOMMON**

Local tissue flap closure for acquired surgical defect

**COMPLEX**

Tissue expander placement  
Permanent silicone implant placement  
Pedicle flaps for breast reconstruction:  
    ○ Latissimus dorsi  
    ○ TRAM  
Free flap for breast reconstruction:  
    ○ DIEP  
    ○ Gluteal  
    ○ TUG  
Mastopexy for symmetry  
Fat grafting and lipofilling

**MEDICAL ONCOLOGY**

**Diseases/Conditions**

**BROAD**

Chemotherapy principles and mechanisms of action

**FOCUSED**

Management of common complications of chemotherapeutic administration  
Use of gene signatures to direct systemic treatment recommendations  
Management of hormone receptor positive breast cancers  
    ○ Early stage  
    ○ Late stage  
Management of hormone receptor negative breast cancers  
    ○ Early stage  
    ○ Late stage  
Management of Her2 neu positive breast cancers  
Management of cancers by stage:  
    ○ T stage  
    ○ Node negative

- Node positive

Indications for neoadjuvant systemic therapy, specifically with regards to optimization of breast conserving therapy

Systemic treatment for the de novo stage 4 patient

## **PALLIATIVE CARE, END OF LIFE**

### **Diseases/Conditions**

#### **BROAD**

Psycho-oncology includes the supportive care and management of depressive and anxiety symptoms that frequently occur in the setting of chronic complications or living with active disease for a protracted period of time. A single lecture on psycho-oncology does not satisfy this requirement.

Palliative care includes symptom treatment, hospice and end of life care and discussions, as well as management of cancer-related pain, nutrition, exercise and weight management options.

A formal experience in this is expected with exposure to end of life discussion and transitions of care to hospice. This may be an integrated experience and a rotation on a palliative care service is not required. It must be documented how the fellow obtains this experience longitudinally if a rotation is not used to satisfy this requirement. A single lecture on palliative care and end-of-life issues does not satisfy this requirement.

- Program directors and administrators are directed to the FAQ section of the SSO training website for additional information.

## **RADIATION ONCOLOGY**

### **Diseases/Conditions**

#### **BROAD**

Radiation biology principles

Radiation indications:

- Breast conservation:
  - Whole breast radiation
  - Partial breast radiation
- Post-mastectomy radiation

#### **FOCUSED**

Management of common radiation complications

Partial breast radiation:

- Interstitial brachytherapy
- Balloon brachytherapy
- External beam partial breast

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Radiation therapy for metastatic disease:

- Regional
- Distant
  - Treatment
  - Palliation

Radiation simulation/planning

**Operations/Procedures**

**es COMPLEX**

Partial breast radiotherapy techniques  
Intraoperative radiation therapy

**SURGICAL MANAGEMENT/COUNSELING FOR GENETIC SYNDROMES**

**Diseases/Conditions**

**BROAD**

Family history  
BRCA 1  
BRCA 2  
P53 mutations (Li Fraumeni)  
Cowden's syndrome  
CHEK  
Knowledge of other panels

**PALLIATIVE INTENT SURGERY**

**Diseases/Conditions**

**FOCUSED**

Asymptomatic Stage 4 breast cancer  
Symptomatic Stage 4 breast cancer

- Resectable breast/node disease
- Unresectable breast/node disease
  - Chest wall involvement
  - Skin involvement

**Operations/Procedures**

**ESSENTIAL-UNCOMMON**

Palliative mastectomy

**CLINICAL AND BASIC RESEARCH**

**Diseases/Conditions**

**BROAD**

Protection of Human Subjects

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Inclusion of diverse study populations  
Basic Statistical Analysis  
Institutional Review Board process and application  
Database management, Retrospective Reviews  
Defining Hypothesis and Study Aims  
Evaluation of Study Design

**FOCUSED**

Assessment of Clinical Trial, Defining levels of Evidence/meta-analysis  
Selection of primary and secondary endpoints  
Defining study populations, sample size, power  
Basic Survival Analysis  
Assessment of Health Related QOL  
Fundamentals of Health Outcomes Studies

**Application**

**ESSENTIAL-COMMON**

Participation in a journal club – clinical or science  
Retrospective review study of a database or case study  
Writing, submission and presentation of a cancer-related abstract  
Manuscript preparation, writing and submission  
Identification and Recruitment of patients to a clinical trial

**ESSENTIAL-UNCOMMON**

Participation in a cooperative trial group meeting

**COMPLEX**

Writing a grant – clinical or scientific  
Writing an IRB application

**COMMUNITY OUTREACH AND LEADERSHIP**

**Diseases/Conditions**

**BROAD**

Communication with and education of the non-medical community

- Cancer screening ○  
    Cancer prevention ○  
    Cancer diagnosis
- Cancer treatment

Communication and interaction with cancer support groups

- Breast disease

Communication with and education of non-oncologic physicians

- Cancer screening ○  
    Cancer prevention ○



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- Cancer diagnosis
- Cancer treatment
- Communication and interaction with non-oncologic surgeons
  - Clinical trials
  - Multidisciplinary conferences
- Understand disparities in screening, diagnosis, and treatment of cancer
- Presentation skills
  - Slide presentation
  - Public speaking skills
  - Panel discussion skills
- Effective preparation of educational material
  - For general public
  - For patients
  - For families of patients
  - For fellows, residents, students
  - Computer/web-based
  - Print material

**FOCUSED**

Role within American Cancer Society, Komen, etc.

**COMPLEX**

Understanding of and possible effective preparation of outreach or screening grants  
Effective presentation at community outreach

**Operations/Procedures**

**ESSENTIAL-COMMON**

Attend and participate in cancer-support groups  
Conference participation with general surgery and subspecialty colleagues  
Lecture/talk to other fellows, residents, medical students

**ESSENTIAL-UNCOMMON**

Lecture/talk to non-oncologic physicians  
Participation in American Cancer Society, Komen or similar screening and outreach events  
Prepare outreach/screening material  
Prepare outreach/screening grant

**COMPLEX**

Attend Commission on Cancer  
Attend other Society/foundation meetings

**PATHOLOGY**

**Diseases/Conditions**

**BROAD:**

**FOCUSED:**

- Solid tumor margin assessment
- Nodal evaluation
  - Sentinel lymph node
  - Nodal dissection specimen
- Pathologic Analysis
- Frozen section, routine staining, immunohistochemistry
- Pathologic staging of tumors
- Intraoperative analysis

**Operations/Procedures**

**ESSENTIAL-COMMON**

- Fine needle aspiration biopsy

**ESSENTIAL-UNCOMMON COMPLEX**

- Margin assessment and preparation
  - Lumpectomy
  - Mastectomy
- Cytologic analysis
- Frozen section preparation and analysis
- Touch preparation
- Sentinel node processing and analysis
- Handling and pathologic assessment of regional lymphadenectomy specimen

**CANCER REHABILITATION**

**Diseases/Conditions**

**BROAD**

- Preoperative assessment of disability
- Preoperative assessment of impact on activities of daily life

**FOCUSED**

- Postoperative/treatment evaluation and management of disability
- Postoperative/treatment evaluation and management of impact on activities of daily life
- Postoperative/treatment evaluation and intervention for
  - Home
  - Place of work
  - Family/support network
- Lymphedema management
  - Preoperative assessment
  - Postoperative monitoring and treatment

**Operations/Procedures:**

***ESSENTIAL-COMMON ESSENTIAL-***

***UNCOMMON***

***COMPLEX***

Physical therapy  
Occupational therapy  
Lymphedema prevention and treatment

**OTHER**

Coding and billing of breast diseases and procedures

FELLOWSHIP

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### **ESSENTIAL-COMMON**

Breast ultrasound – 15 (hands on) or 30 (observation only)

Percutaneous Procedures – 13

- Fine needle aspiration
- Cyst aspiration
- Percutaneous core needle sampling, palpation or image guided
- Seroma aspiration with/without drain placement
- Percutaneous abscess drainage with/without drain placement

Major ductal exploration and excision for nipple discharge – 1

Partial mastectomy or diagnostic excisional biopsy – 50

- Palpation guided
- Image guided
- Oncoplastic partial mastectomy

Mastectomy – 40 spread over all categories

- Total mastectomy
- Skin-sparing mastectomy
- Nipple/areolar sparing mastectomy

Axillary sentinel node biopsy – 50

Level 1, 2 completion axillary node dissection – 10

**ESSENTIAL-UNCOMMON (No numbers set)**

Level 3 node dissection

Palliative mastectomy for stage 4 disease

Chest wall recurrence /radical resection

Plastic Surgery

- Local tissue flap closure for tissue defect
- Breast Reconstruction with Tissue Expander
- Tissue expansion procedure
- Exchange of Expanders to Implants
- Breast Reconstruction with Autologous Tissue Transfer
  - Pedicle flaps (latissimus, TRAM)
  - Free flaps (free TRAM, DIEP, etc.)
- Nipple reconstruction
- Areolar tattooing
- Breast reduction
- Mastopexy for symmetry

**COMPLEX – EXPERIENCE AS AVAILABLE (No numbers set)**

Vacuum-assisted core biopsy (must have experience with and exposure to listed biopsy techniques)

- Image guided
  - Stereotactic
  - Ultrasound
  - MRI

Clip placement

- Image guided
  - Stereotactic
  - Ultrasound
  - MRI

Placement of localizing wire or seed

- Image guided
  - Stereotactic
  - Ultrasound
  - MRI

Tumor ablation

- Palpation guided
- Image guided

Subcutaneous mastectomy for gynecomastia

Radical mastectomy

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Radiation Oncology

- Partial breast techniques
  - Interstitial brachytherapy catheters
  - Intracavitary balloon radiation
  - External beam
- Intraoperative radiation therapy

**NON-OPERATIVE EXPOSURE**

**Medical oncology**

15 new breast cancer / recurrent disease consultations  
15 follow-up visits

**Radiation oncology**

15 new breast cancer consultations  
5 new breast cancer or recurrent breast cancer simulations  
15 f/u visits and/or physics reviews

**Pathology**

8 cancer case sign-outs  
8 frozen or intra-op evaluations  
8 benign and/or high risk lesions

**Plastic Surgery**

8 reconstructive cases

**Genetic Consultations**

3 observed consultations

**Imaging**

8 screening cases  
8 breast ultrasound and/or nodal ultrasound  
8 diagnostic mammograms  
8 breast MRIs